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1135 U.S. PTO
07/30/01


UTILITY PATENT APPLICATION TRANSMITTAL	Attorney Docket No.	A-6699
	First Inventor or Application No.	RODRIGUEZ ET AL.
	Title	DIGITAL SUBSCRIBER TELEVISION NETWORKS WITH LOCAL PHYSICAL STORAGE DEVICES AND VIRTUAL STORAGE
	Express Mail Label No.	EL745333206US

Only for new nonprovisional applications under
37 C.F.R. § 1.53(b)


<p style="text-align: center;">APPLICATION ELEMENTS</p> <p style="text-align: center;"><small>See MPEP chapter 600 concerning utility patent application contents</small></p> <p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g. PTO/SB/17) <small>(Submit an original and duplicate for fee processing)</small></p> <p>2. <input checked="" type="checkbox"/> Specification [Total Pages <u>54</u>]</p> <p>3. <input checked="" type="checkbox"/> Drawings (35 U.S.C. § 113) [Total Sheets <u>10</u>]</p> <p>4. Oath or Declaration [Total Pages <u>3</u>]</p> <p style="margin-left: 20px;">a. <input checked="" type="checkbox"/> Newly executed (original or copy) NOT EXECUTED</p> <p style="margin-left: 20px;">b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. § 1.63(d)) <small>(for continuation/divisional with Box 16 completed)</small></p> <p style="margin-left: 20px;">i. <input type="checkbox"/> DELETION OF INVENTORS <small>Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b)</small></p>	<p>ADDRESS TO: Box Patent Application Commissioner for Patents Washington DC 20231</p> <p>5. <input type="checkbox"/> Microfiche Computer Program (Appendix)</p> <p>6. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission <small>(e.g. PTO/SB/17)</small></p> <p style="margin-left: 20px;">a. <input type="checkbox"/> Computer Readable Copy</p> <p style="margin-left: 20px;">b. <input type="checkbox"/> Paper Copy (identical to computer copy)</p> <p style="margin-left: 20px;">c. <input type="checkbox"/> Statement verifying identity of above copies</p>
ACCOMPANYING APPLICATION PARTS	
<p>7. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))</p> <p>8. <input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement <input type="checkbox"/> Power of Attorney <small>(when there is an assignee)</small></p> <p>9. <input type="checkbox"/> English Translation Document (if applicable)</p> <p>10. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations</p> <p>11. <input type="checkbox"/> Preliminary Amendment</p> <p>12. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <small>(Should be specifically itemized)</small></p> <p>13. <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Statement filed in prior application, Status still proper and desired</p> <p>14. <input type="checkbox"/> Certified Copy of Priority Document(s) <small>(if foreign priority is claimed)</small></p> <p>15. <input type="checkbox"/> Other:</p>	
<p>16. <input type="checkbox"/> If a CONTINUING APPLICATION, check appropriate box, and supply the information below and in a preliminary amendment:</p> <p style="margin-left: 20px;"><input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No:</p> <p style="margin-left: 20px;">Prior application information: Examiner: Group Art Unit:</p>	

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07/30/01

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Docket No.: A-6699

UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANTS: RODRIGUEZ ET AL.
DOCKET NO.: A-6699
TITLE: DIGITAL SUBSCRIBER TELEVISION NETWORKS WITH LOCAL
PHYSICAL STORAGE DEVICES AND VIRTUAL STORAGE

JULY 30, 2001

FEE TRANSMITTAL FORM

Box PATENT APPLICATION
Commissioner for Patents
Washington, DC 20231

Dear Sir:

The Commissioner is hereby authorized to charge the indicated fees and any additional fees and to credit any overpayments to Deposit Account No. 19-0761

The fee is calculated as shown below.

	No. of Claims Filed	No. of Claims Paid For	No. of Extra Claims	Rate	Fee
Independent Claims	5	3	2	\$ 80.00	\$160.00
Total Claims	128	20	108	\$ 18.00	\$1944.00
Multiple Dependent Claims				\$270.00	\$000.00
Basic Filing Fee				\$710.00	\$710.00
Total Filing Fee					\$2814.00

One duplicate original of this sheet is enclosed.

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Marcia Burdick
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